Fill in this information to identify the case:		ed 06/18/24 15:37:05 2	Desc Main
Debtor 1 Robert R. Kaniuff			
Debtor 2 (Spouse, if filing)  United States Bankruptcy Court for the:  Case number 19-20243	District of PA. (State)	AMENDED	

## Form 4100R Posponse to Notice of Final Cure Payment

ccording to Bankrupt	cy Rule 3002.1(g), the creditor responds to the trustee's	notice of final cure paymer	nt.
Part 1: Mortgage	Information		
Name of creditor:	KeyBank N.A.	Сс <u>3</u> .	ourt claim no. (if known):
Last 4 digits of any	number you use to identify the debtor's account: -	5 7 4 7	
Property address:	118 Crooks School Rd. Number Street		
	Clinton PA. 15026 City State ZIP Code		
Part 2: Prepetition	n Default Payments		
Check one:			
	nat the debtor(s) have paid in full the amount required to	cure the prepetition default	
on the creditor's			
	s that the debtor(s) have paid in full the amount required claim. Creditor asserts that the total prepetition amount r s:		
Part 3: Postpetiti	on Mortgage Payment		
Check one:			
	at the debtor(s) are current with all postpetition payment ode, including all fees, charges, expenses, escrow, and		5) of
The next postpeti		1 6 <sub>/</sub> 2024 DD / YYYY	
	at the debtor(s) are not current on all postpetition payme Code, including all fees, charges, expenses, escrow, a		0)(5)
Creditor asserts t	hat the total amount remaining unpaid as of the date of t	this response is:	
a. Total postpeti	ion ongoing payments due:		(a) \$
b. Total fees, ch	arges, expenses, escrow, and costs outstanding:		+ (b) \$
c. <b>Total</b> . Add lin	es a and b.		(c) \$ 0.00
	hat the debtor(s) are contractually postpetition payment(s) that first became	/ DD /YYYY	

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Deptor i	Robert First Name	R. Middle Name	Kaniuff Last Name			Case	number (# known) 19-20243
Part 4: It	temized Pa	nyment Histo	ry				
debtor(s) a the credito bankruptcy all payr all fees	are not currer must atta y filing throuments received, costs, esc	ent with all po ch an itemized ugh the date o ved; crow, and exp	stpetition payme	nts, ir / disc to the	ncluding all fee losing the follo	es, char owing a	in full or states in Part 3 that the rges, expenses, escrow, and costs, mounts from the date of the
Part 5: S	ign Here						
The perso		ing this resp	onse must sign	it. T	he response	must b	e filed as a supplement to the creditor's
-	appropriate b	ox::					
☑ I am the							
☐ I am the	e creditor's	authorized age	nt.				
to the best Sign and pr	of my kno int your na	wledge, info me and your t	rmation, and rea	<b>asona</b> tate y	<b>able belief.</b> our address a	nd teler	ponse is true and correct  phone number if different ies.
3	<b>≮</b> /s/Dore∉	en Arra				Date	06/18/2024
	Signature					Date	<u>,,</u>
Print	Doreen First Name		iddle Name L	ast Nam	ne	Title	Senior Specialist
Company	KeyBan	k N.A.					
If different fro	m the notice	address listed o	n the proof of claim	to whic	ch this response	applies:	
Address	4910	Tied	eman Road				
	Number	Street					
	Brookly	n		OH	44144 ZIP Code		
Contact phone	(866)	<u>325 – 9723</u>				Email	BK_SPECIALISTS@KEYBANK.COM